

## Consumer Advisory Group Meeting

September 25, 2013 10-11:30am

Name	Organization
<b>In Person</b>	
Alec Ziss	CapeCare
Kathleen Donaher	Regis College
Lucilia Prates	Medicare Senior Patrol
Vanessa Pettigreu	Regis College
<b>Phone</b>	
Georgia Simpson May	MA Dept. of Public Health
Lisa Fenichel	eHealth Consumer Advocate
Eileen Elias	JBS International
Winnie Tobin	Medically Induced Trauma Support Services
<b>Support Staff</b>	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

## Review of Materials and Discussion

### Attendance Discussion

- There are still many Advisory Group members who have not attended meetings in some time and there are very few members that attend in person. Staff have outreached to Advisory Group members to determine ability to attend meetings. Some members cannot attend but appreciate having the monthly updates. Others are being removed from correspondence.
- The following is the schedule for upcoming meetings

Date	Physical Location	Dial In
23-Oct-13 10:00-11:30	In Person - MMS Middlesex Central Conference Room	Phone line open but in person attendance encouraged
27-Nov-13 10:00-11:30	Phone only (day before Thanksgiving)	(866) 951-1151 x. 8234356
22-Jan-14 10:00-11:30	In Person - MMS Middlesex Central Conference Room	Phone line open but in person attendance encouraged
26-Feb-14 10:00-11:30	Phone only	(866) 951-1151 x. 8234356

### Discussion of consumer engagement, outreach, and communications

- The need to communicate with consumers/patients was raised in the August HIT Council Meeting. Several Advisory Group members attended to support this point. EOHHS has taken

accountability for consumer engagement and a more concrete communications strategy is pending. This is something the Advisory Group should be able to review in the October meeting.

- An Advisory Group member shared an email she received from MEHI (Massachusetts eHealth Institute) and Lightship Health regarding a MEHI provider/consumer survey. The Advisory Group expressed frustration that market research was being conducted once again when what is needed is concrete education and engagement of consumers. Advisory Group members were frustrated that MeHI is doing this work after several failed marketing projects in the past.
- Mark mentioned that MeHI is conducting a required annual program evaluation with the Massachusetts Institute of Technology (MIT) and that this correspondence may be related to that. Staff will confirm and deliver sentiments to the EOHHS team.
- The Advisory Group member that received the email plans to meet with Lightship Health to provide input from the Consumer Advisory Group and suggested the entire Advisory Group be interviewed for the annual program evaluation

### **Phase 1 - Transaction and deployment update (Slide 3)**

- Transactions continue to increase each month and have crossed the 1.5 million mark. Information trading partners are starting to shift over from The New England Healthcare Exchange Network (NEHEN) the Mass HIway.
- Comment: The Advisory Group would like to see a list of who is exchanging information and what the value is for health outcomes.
- Comment: The concern is health outcomes and how can you measure that?
- Comment: It seems like everyone is focused on participation- they are missing the part about whether or not this is all meaningful.

### **Discussion of Phase 2 services and policies (slides 6-11)**

- The group reviewed the phase 2 services and their value for helping organizations link together multiple identities for a single individual, determine the organizations that have a consented relationship with the patient, and make this information available to the patient and a closed community of healthcare providers based on patient consent.
- Comment: There was a recent article published about “clumsy” automation- Asking the patient, “is this you?” is another option to confirm identity match.
- Comment: If a patient does not want to share their info, they need to understand the impacts on safety. This needs to be an important part of the education.
- Question: How can certain information be held back, rather than sending a lot of unnecessary information at the point of care.
  - Answer: Right now we have a blunt instrument, granularity will come in the future but EHR vendor technology is not there yet.
- Comment: This is vital to the patient experience and will affect outcomes.
- Comment: I do not see how outcomes factor into the education piece, those seem to be a byproduct of a good exchange.

- Comment: In theory, the purpose of this is to improve quality for patients and consumers of these services. Is the “no” vote going to make the current processes worse? Marketing is the wrong term, we want education and find out what the concerns are.
- The state has decided to leave the risks and consequences up to the patient. You may decide if information is available at each point of care. You can decide to not have your relationship information published on the RLS.
- Question: If you change consent from “yes” to “no” will that remove you from the RLS?
  - Answer: Yes. The HIway will keep the “yes” for audit purposes but the patient will disappear from the HIway.
- There is also a “closed community” technical control around the patient; the RLS is only available to you and the provider organization that has your consent. Anyone that has a relationship with you declares legal use of your information. The HIway “rules” are tighter than HIPAA in terms of consent.
- Comment: New treatment payment rules under HIPAA will be important to communicate as well- it would be beneficial for patients to see how that information is being used. Just saying NO does not mean there is full protection.
- Comment: What is coming out now with the Affordable Care Act (ACA) is more pragmatic than before-there are realities that have not been well communicated. Just because we have HIT does not mean we are not solving all of the issues. This discussion is important in a different way, we will not have quality ASAP- there is no quality based data. People have been told that something magic will happen, people need to be pragmatic.
- Comment: Patients need to know what it means to say “no;” their information will be cleared.
- Comment: It might be beneficial to have an HIE training module for CEU credits for physicians in practice and residency; perhaps this group should recommend this to the HIT council and we are willing to develop that training module.

### **Next steps**

- Key points and recommendations synthesized and provided back to Advisory Group for final comments
- Letter to be presented to HIT Council about issues that AG deems important.
- Presentation materials and notes to be posted to EOHHS website
- Next Advisory Group Meeting – October 23, 10:00-11:30 am.
  - Conference call – – (866) 951-1151 x. 8234356
- HIT Council – August 7, 2013, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at

<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html>